

## Special Agent Applicant Drug Use Statement

### Privacy Act Statement

Authority: Title 5, U.S. Code, Sections 301 and 1104; and Executive Order 12564, September 15, 1986.

Principal Purpose: This form requests information about personal history of use, trafficking, or other activities involving illegal drugs and drug paraphernalia. Its purpose is to determine suitability for employment with the DEA, after a conditional offer of employment has been made, and as part of DEA's applicant screening program. Completion of this form is voluntary; however, non-completion of the form may result in the withdrawal of a conditional offer of employment. Routine Uses: Information contained in this form may be disclosed to other federal agencies for assistance in completing the security clearance process. Other routine uses include disclosure to foreign, federal, state and local law enforcement and regulatory agencies, for referral to avoid duplication of the investigative process and where the appropriate agency is charged with the responsibility of investigating or prosecuting potential violations of law.

Additional routine uses are set forth in the Systems Record Notice for DEA-018, DEA Applicant Investigations, published and updated in the Federal Register.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Division \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

As an applicant for a Special Agent position with the Drug Enforcement Administration (DEA) any prior drug use, attempted use, and/or experimentation must be disclosed before you can be considered for further processing. Do not include instances in which substances were prescribed, administered, or dispensed by a duly licensed physician for treatment of a legitimate medical condition. Please read the following instructions very carefully before answering the drug questions and initial your acknowledgment:

\_\_\_\_\_  
Initials

I understand that I must provide truthful information to DEA regarding all drug use, attempted use, and/or experimentation of any illegal narcotics or dangerous drugs which have not been prescribed by a duly licensed physician, as well as any marijuana usage, regardless of my age or circumstances at the time of use, attempted use, and/or experimentation. I understand that I will be questioned and polygraphed regarding the information I provide. I understand that any omissions or inaccuracies between the information I provide and what is later learned during my background investigation may preclude me from further consideration for DEA employment.

\_\_\_\_\_  
Initials

I understand that my responses to the drug questions are to be used to determine eligibility and suitability for DEA employment. I also understand that my answers will not be used in any criminal proceedings against me, and that any declination to respond to the drug questions will be noted in my application record.

\_\_\_\_\_  
Initials

By the words "use", "attempted use", and "experimentation" I understand that DEA is asking me to disclose any and all experiences with illegal narcotics or dangerous drugs, to include any act or attempted act of trying, smoking, ingesting, tasting, inhaling, injecting, puffing or otherwise experimenting with a controlled substance or a substance that I believe to be a controlled substance.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Initials By the word "occasion" I understand that DEA is asking me to disclose each occasion or event in which I used, attempted to use, or experimented with illegal narcotics or dangerous drugs, to include marijuana. For example, if I was at a party and during that occasion took a puff on three separate marijuana cigarettes, DEA will consider that one use. If I went to another party the same night and again puffed on three marijuana cigarettes, that would constitute a second use.

\_\_\_\_\_  
Initials I understand that if I answer "Yes" to any of the following drug questions, I must attach a fully comprehensive statement that is typed, signed and dated.

**Question #1** - Have you ever used, tried, tasted, or experimented with any illegal narcotics or dangerous drugs, to include marijuana under any circumstances? (please check)

YES ( ) NO ( ) If you answered yes to question #1, attach a comprehensive statement fully describing each occasion of drug use, attempted use, and/or experimentation covering each of questions A-H listed below. Your attached statement must be typed, signed and dated.

- A. What was/were the drug (s)?
- B. On how many occasions? NOTE: If you cannot be specific as to the exact number of occasions, answer the following: on at least \_\_\_\_\_ occasions, but not more than\_\_\_\_\_.
- C. Date first used/tried/experimented
- D. Date last used/tried/ experimented
- E. How was it obtained?
- F. Where was it used/tried/experimented?
- G. In what setting?
- H. Reason for use/try/experimentation

**Question #2** - Have you ever purchased, furnished, provided, sold, supplied, manufactured, produced, transported, or otherwise trafficked in any illegal narcotic or dangerous drug, to include marijuana? (please check) YES ( ) NO ( ) If yes, what was the amount and cost of the drug?

**Question #3** - Have you ever abused or sold any licit (legal) drugs, chemicals, paraphernalia, or addictive substances, not to include alcohol? (please check) YES ( ) NO ( )

\_\_\_\_\_  
Initials

(2)

Name \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Question #4** - Have you ever provided drug history information to the military or your past, present, or prospective employer that differs from the drug history information you are now providing to DEA? (please check) YES ( ☐ ) NO ( ☐ )

**Question #5** - Do you foresee any conflict of interest between your personal habits and beliefs and DEA's mission to provide a drug-free environment? (please check) YES ( ☐ ) NO ( ☐ )

**IF YOU ANSWERED YES TO QUESTIONS #2-#5, ATTACH A COMPREHENSIVE STATEMENT FULLY DESCRIBING ALL CIRCUMSTANCES AND DATES. YOUR ATTACHED STATEMENT MUST BE TYPED, SIGNED, AND DATED.**

I have been fully truthful in my answers and statements to the above questions and have disclosed all drug use, attempted use, and/or experimentation during my lifetime.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DEA Polygrapher Signature

\_\_\_\_\_  
Date